



AMENDMENT TRANSMITTAL LETTER

TRADEMARK OFFICE

FEB 23 2004

SERIAL NO:
209/779,376

FILING DATE:
February 7, 2001

CLIENT-MATTER NO.:
67234-025

EXAMINER: F. Lu GROUP ART UNIT: 1634
CONFIRMATION NO.: 7981

INVENTION: NUCLEIC ACID DETECTION METHODS USING UNIVERSAL PRIMING

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401711626 US
DATE OF DEPOSIT: February 23, 2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450.

Leand Bentler
Printed Name of Person Mailing Paper or Fee

[Signature]
Signature of Person Mailing Paper or Fee

Transmitted herewith is Response to Office Action mailed September 23, 2003 in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- Fourteen (14) Sheets of Replacement Drawings
- An additional claims fee is required and has been calculated as shown below:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	86	- 42	- 44	x \$9	\$18	= \$396.00	\$.00
INDEPEN- DENT CLAIMS	8	- 11	- 0	x \$42	\$84	= \$0.00	\$.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO	\$140	\$280	\$0.00	\$.00
				TOTAL ADDITIONAL FEE		\$396.00	\$.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- Please charge my Deposit Account No. 502624 the amount of \$601.00, \$205.00 of which covers a two-month extension of time and \$396.00 covers the additional claim fee. A duplicate copy of this sheet is enclosed.

Inventors: Fan and Chee
Serial No.: 09/779,376
Filed: February 7, 2001
Page 2

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


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